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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	MED INVENTOR ATTORNEY DOCKET NO		CONFIRMATION NO.
10/796,771	10/796.771 03/09/2004		Edward Brian Boles	iward Brian Boles 068354.1410		3197
TITLE OF INVENTION	: MICROCONTROLLE					- -
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/05/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
THOMAS, SHANE M		2186	711-005000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.533). ☐ Change of correspondence address (or Change of Correspondence Address from TTO/SPII 22) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SBII 7, Rev U3-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pattent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (lawing as a member a project attorney or agent and the names of up to 2. 2. The control of the printed attorneys or agents. If no name is 3.			
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4a. The following fec(s) are submitted: 2 Issue Fee 2 Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge hat required, fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02—20-333_ (enclose an extra copy of this form).			
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Authorized Signature	Paul N.	M. Katz		Date 2 - 2 Registration No.	&- 2 のフ 35,917	
This collection of information is required by 9 (Fig. 1311). The information is required to obtain or refun to bead by the spatial which is to fit (and by the LNFTO to proceed the process of the proces						